

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/582355 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	/					51	/				
2	/						52	/				
3	/						53	/				
4	/						54	/				
5	/						55	/				
6	/						56	/				
7	/						57	/				
8	/						58	/				
9	/						59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
13	/						63	/				
14	/						64	/				
15	/						65	/				
16	/						66	/				
17	/						67	/				
18	/						68	/				
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31	/						81	/				
32	/						82	/				
33	/						83	/				
34	/						84	/				
35	/						85	/				
36	/						86	/				
37	/						87	/				
38	/						88	/				
39	/						89	/				
40	/						90	/				
41	/						91	/				
42	/						92	/				
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.	13											
TOTAL DEP.	79											
TOTAL CLAIMS	92											